

**RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY**

For systems serving one dwelling unit and conforming to the Ontario Building Code, O. Reg. 403/97

COMBUSTION APPLIANCES	9.32.3.1.(1)
a) <input type="checkbox"/> Direct vent (sealed combustion) only	
b) <input type="checkbox"/> Positive venting induced draft to dedicated sealed vent (except fireplaces)	
c) <input type="checkbox"/> Natural draft, B-vent or induced draft gas fireplace	
d) <input type="checkbox"/> Solid Fuel (including fireplaces)	
e) <input type="checkbox"/> No Combustion Appliances	

HEATING SYSTEM
<input type="checkbox"/> Forced Air <span style="margin-left: 150px;"><input type="checkbox"/> Non Forced Air</span>
<input type="checkbox"/> Electric Space Heat

HOUSE TYPE	9.32.1.(2)
<input type="checkbox"/> I Type a) or b) appliances only, no solid fuel	
<input type="checkbox"/> II Type I except with solid fuel (including fireplaces)	
<input type="checkbox"/> III Any Type c) appliance	
<input type="checkbox"/> IV Type I or II with electric space heat	
<input type="checkbox"/> Other: Type I or II or IV no forced air	

SYSTEM DESIGN OPTIONS	O.N.H.W.P.
<input type="checkbox"/> 1 Exhaust only/Forced Air System	
<input type="checkbox"/> 2 HRV with extended Exhaust Ducts/Forced Air System	
<input type="checkbox"/> 3 HRV Simplified Exhaust Connection to Forced Air System	
<input type="checkbox"/> 4 HRV – Full Ducting/Not Coupled to Forced Air System	
<input type="checkbox"/> Part 6 Design	

TOTAL VENTILATION CAPACITY	9.32.3.3.(1)
Basement & Master Bedroom _____ @ 20 cfm _____ cfm _____ @ 10 L/s _____ L/s	
Other Bedrooms _____ @ 10 cfm _____ cfm _____ @ 5 L/s _____ L/s	
Bathrooms & Kitchen _____ @ 10 cfm _____ cfm _____ @ 5 L/s _____ L/s	
Other Rooms _____ @ 10 cfm _____ cfm _____ @ 5 L/s _____ L/s	
Table 9.32.3.A TOTAL _____ cfm _____ L/s	

PRINCIPAL VENTILATION CAPACITY REQUIRED	9.32.3.4.(1)
One Bedroom (Master) 30 cfm 15 L/s	
Two Bedrooms 45 cfm 22.5 L/s (CHOOSE	
Three Bedrooms 60 cfm (ONE)	
Four Bedrooms 30 L/s 75 cfm 37.5 L/s	
Table 9.32.3.B. _____ cfm _____ L/s	
More than 4 – Part 6 PROPOSED _____ cfm _____ L/s	

SUPPLEMENTAL VENTILATION CAPACITY	9.32.3.5.
Total Ventilation Capacity _____ cfm _____ L/s	
Less Principal Ventilation Capacity _____ cfm _____ L/s	
Required Supplemental Vent. Capacity _____ cfm _____ L/s	

PRINCIPAL EXHAUST FAN CAPACITY
Make & Model: _____ Location: _____
_____ cfm
_____ L/s _____ Sones <input type="checkbox"/> HVI App'd

\*\* See over for more information\*\*

SUPPLEMENTAL FANS (Make & Model)	9.32.3.5.				
LOCATION	MODEL	CFM	L/s	SONES	HVI APP'D
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

HEAT RECOVERY VENTILATOR	9.32.3.11.
Make & Model: _____	
_____ cfm high _____ cfm low	
_____ L/s high _____ L/s low	
_____ % Sensible Efficiency @ -25° <input type="checkbox"/> HVI App'd	

LOCATION OF INSTALLATION
Lot: _____ Concession: _____
Township: _____ Plan: _____
Address: _____
Roll No. _____ Building Permit No. _____

BUILDER
Name: _____
Address: _____
City: _____
Phone: _____ Fax: _____

INSTALLING CONTRACTOR/DESIGNER CERTIFICATION
I hereby certify that this ventilation system has been designed in accordance with the Ontario Building Code.
Name: _____
Address: _____
City: _____
Phone: _____ Fax: _____
Signature: _____
HRAI No. _____
Date: _____

**\* This form is for convenience only. Norfolk County shall not be responsible for errors or omissions alleged to be the result of the use of this form**

**Table 3.32.3.C**

Forming Part of Sentence 9.32.3.4.(9)

<b>Principal Exhaust Duct Size</b>				
Number of Bedrooms in Dwelling Unit	Minimum <i>Exhaust Duct</i> Diameter			
	Ducts Connected to Inlet and Outlet of Principal Exhaust Fan		Ducts Connected to One Side Only of Principal Exhaust Fan	
	Smooth Duct, mm (in)	Flexible Duct, mm (in)	Smooth Duct, mm (in)	Flexible Duct, mm (in)
1	100 (4")	125 (5")	100 (4")	125 (5")
2	125 (5")	150 (6")	125 (5")	150 (6")
3	125 (5")	150 (6")	150 (6")	175 (7")
4	150 (6")	175 (7")	150 (6")	175 (7")
More than 4	Part 6 Design	Part 6 Design	Part 6 Design	Part 6 Design
Column 1	2	3	4	5

**Table 9.32.3.D.**

Forming Part of Sentence 9.32.3.5.(4)

<b>Kitchen, Bathroom and Water Closet Room Exhaust Duct Size</b>		
Fan Capacity, L/s (cfm)	Minimum <i>Exhaust Duct</i> Diameter <sup>(1)</sup>	
	Ducts Connected to Inlet & Outlet of Exhaust Fan, mm (in)	Ducts Connected to One Side Only of Exhaust Fan, mm (in)
25 (53)	125 (5")	125 (5")
50 (106)	150 (6")	150 (6")
Column 1	2	3

**Note to Table 9.32.3.D.:**

(1) Where flexible duct is used, the duct diameter shall be increased by 25 mm (1 in.)

**Table 9.32.3.G.**

Forming Part of Sentence 9.32.3.9.(3)

<b>Fan Sound Rating</b>		
	Maximum Sound Ratings	
	Sone	dba
Principal exhaust	2.5	59
Kitchen	3.5	
Bathroom or water closet room	2.5	
Supply	2.5	
Column 1	2	3

**Table 9.32.3.I.**

Forming Part of Sentence 9.32.3.10.(10)

<b>Equivalent Duct Size</b>				
Required Round Duct Size, mm (in)	Permitted Equivalent Rectangular Duct Size, mm (in)			
	Stack Duct	100 mm (4") Depth	125 mm (5") Depth	150 mm (6") Depth
75 (3")	82 x 250 (3¼ x 10")	57 x 100 (2¼ x 4")	75 x 125 (3" x 5") 100 x 125 (4" x 5") 150 x 125 (6" x 5") 200 x 125 (8" x 5") Part 6 Design	75 x 150 (3" x 6") 89 x 150 (3½ x 6") 125 x 150 (5" x 6") 175 x 150 (7" x 6") Part 6 Design
100 (4")	82 x 250 (3¼ x 10")	89 x 100 (3½ x 4")		
125 (5")	82 x 250 (3¼ x 10")	125 x 100 (5" x 4")		
150 (6")	82 x 300 (3¼ x 12")	200 x 100 (8" x 4")		
175 (7")	82 x 350 (3¼ x 14")	275 x 100 (11" x 4")		
More than 175 (7")	Part 6 Design	Part 6 Design		
Column 1	2	3	4	5

## Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

Project Information			
Building number, street name		Unit no.	Lot/con.
Municipality	Postal code	Plan number/ other description	
Individual who reviews and takes responsibility for design activities			
Name		Firm	
Street address		Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number (     )	Fax number (     )	Cell number (     )	
Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]			
<input type="checkbox"/> House	<input type="checkbox"/> HVAC – House	<input type="checkbox"/> Building Structural	
<input type="checkbox"/> Small Buildings	<input type="checkbox"/> Building Services	<input type="checkbox"/> Plumbing – House	
<input type="checkbox"/> Large Buildings	<input type="checkbox"/> Detection, Lighting and Power	<input type="checkbox"/> Plumbing – All Buildings	
<input type="checkbox"/> Complex Buildings	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> On-site Sewage Systems	
Description of designer's work			
Declaration of Designer			
I _____ declare that (choose one as appropriate):			
(print name)			
<input type="checkbox"/> I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4. of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories. Individual BCIN: _____  Firm BCIN: _____			
<input type="checkbox"/> I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5. of Division C, of the Building Code. Individual BCIN: _____  Basis for exemption from registration: _____			
<input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code. Basis for exemption from registration and qualification: _____			
I certify that:			
1. The information contained in this schedule is true to the best of my knowledge. 2. I have submitted this application with the knowledge and consent of the firm.			
_____		_____	
Date		Signature of Designer	